

57397

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001610**

SFUND RECORDS CTR
999000925

GENERATOR

(Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

ALUMINUM COMPANY OF AMERICA

② Name VERNON WORKS

Name OPERATING INDUSTRIES, INC.

Name CHEMICAL WASTE MANAGEMENT INC.

EPA NO. C A D O 7 4 1 2 6 6 8 1

EPA NO. C A D O 8 0 0 1 2 0 2 4

EPA NO. C A T O P 0 6 4 6 1 1 7

Address 5151 Alcoa Ave. Phone No. 588-6141

Address 900 N. Potrero Grande Dr.

Address P.O. Box 1104, 430 W. Elm Ave.

City, State, Zip Vernon, Ca. 90058

City, State, Zip Monterey Park, Ca.

City, State, Zip Coalinga, Ca. 93210

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY #7

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS Aluminum Fabrication

LIST COMPONENTS:

CONC. UPPER

RANGE LOWER

UNITS

CONC. UPPER

RANGE LOWER

UNITS

⑨ A. _____ ☐ % ☐ ppm.
B. _____ ☐ % ☐ ppm.
C. _____ ☐ % ☐ ppm.
D. _____ ☐ % ☐ ppm.

E. _____ ☐ % ☐ ppm.
F. _____ ☐ % ☐ ppm.
G. _____ ☐ % ☐ ppm.
Non Hazardous Material 100 %

⑩ WASTE PROPERTIES: pH _____ ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other Aluminum Oxides & Water

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.

EPA NO. C A D O 2 8 2 7 7 0 3 6

ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392

CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 8-20-81

TIME 2:00 PM

⑯

Signature of Authorized Agent and Title

Date

TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME OPERATING INDUSTRIES, INC. ⑱ QUANTITY (If Measured) 100 BBL

EPA NO. C A T O P 0 6 4 6 1 1 7 ⑲ STATE FEE (If Any)

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME _____
EPA NO. _____

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉓

Signature of Authorized Agent and Title

Date Accepted

ORIGINAL